

Sponsorship Contract

YES! My company would like to participate in the Sponsorship Program at NFMT 2019. Please print or type clearly.

Please reserve the following sponsorship opportunity: _____
(Description of Sponsorship) (Price)

All NFMT 2019 sponsors receive the following benefits:

Featured Logo Placement:

- NFMT event website
- NFMT Event Directory "Sponsors" section
- NFMT Event Directory with your company description
- E-mail broadcasts and direct mail campaigns
- Sponsorship acknowledgement signage at the event

Additionally:

- One piece of collateral material in attendee tote bag (provided tote bags are sponsored). Item must be approved by Event Management.
- One piece of collateral material to be posted in the virtual tote bag on www.nfmt.com/baltimore.
- Additional bonus point(s) towards exhibit space selection for NFMT 2020.
- Right of first refusal for the following year's event.
- Detailed sponsor exposure report post-event.

Sponsor Agreement/Commitment: To secure your sponsorship a 50% deposit must be received by ROC Exhibitions, Inc. along with the completed sponsorship contract. Final payment must be received by December 21, 2018. Sponsorships purchased after December 21, 2018 require payment in full along with a completed contract. Sponsorship contracts received after February 5, 2019 will be acknowledged in the event addendum, after which sponsor benefits may be impacted. Due to the nature of sponsorships and the benefits received, sponsorship cancellations are not accepted. No refunds will be provided and full payment is required.

Company Name: _____ Exhibit Space #: _____

Address: _____ Address 2: _____

City: _____ State: _____ Zip Code: _____

Contact Name: _____

Telephone: _____ Fax: _____

E-Mail: _____ Web Site: _____

Authorized Signature: _____ Date: _____

(Please indicate your preferred method of payment)

Check (please make check payable to: ROC Exhibitions). Mail to ROC Exhibitions, 1963 University Lane, Lisle, IL 60532

Please charge my credit card \$ _____ VISA MasterCard American Express

Credit card number _____ CCV Code _____ Expiration date _____

Name of cardholder (please print) _____

Credit Card Authorization Signature _____

Credit Card billing address: Same as above

Address: _____

City: _____ State: _____ Zip Code: _____

Sponsor authorizes ROC Exhibitions, Inc. to charge this credit card for the balance due, on December 21, 2018.

Initials and date: _____

To secure your sponsorship contact your Exhibitor Account Executive:

Companies A-B, plus numeric

Laurie Vega

LIVE EVENTS SALES MANAGER

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Companies C-D, plus L-P

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Companies E-K

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Companies Q-Z

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